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CONFIRMATION NO. 9620

<b>SERIAL NUMBER</b> 10/530,209	<b>FILING OR 371(c) DATE</b> 04/20/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 4501-1016
<b>APPLICANTS</b> Julie Hazel Campbell, Brookfield Queensland, AUSTRALIA; Kristy Ann Tailford, Carseldine Queensland, AUSTRALIA; Corran Norman Stuart McLachlan, Auckland, NEW ZEALAND, Deceased; Ulrike McLachlan, Auckland, NEW ZEALAND, Legal Representative;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NZ03/00222 09/29/2003 <i>M.T.</i>				
<b>** FOREIGN APPLICATIONS *****</b> NEW ZEALAND 521955 10/04/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/07/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>M.T.</i> <u>08.24.07</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 466				
<b>TITLE</b> Therapeutic uses of beta-casein a2 and dietary supplement containing beta-casein a2				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	